

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning

, and ending

B Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Termination☒ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**CANCER FUND OF AMERICA, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2901 BREEZEWOOD LANE

Room/suite

City or town, state or country, and ZIP + 4

KNOXVILLE**TN 37921-1099****F** Name and address of principal officer**JAMES REYNOLDS, SR.****2901 BREEZEWOOD LANE****KNOXVILLE****TN 37921-1099****D** Employer identification number**58-1766061****E** Telephone number**865-938-5281****G** Gross receipts \$ **21,482,317****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates
included?☐ Yes☐ No

If "No," attach a list (see instructions)

I Tax-exempt status☒ 501(c)

(3)

(insert no.)

☐ 4947(a)(1) or☐ 527**J** Website: **WWW.CFOA.ORG****H(c)** Group exemption number ▶**K** Type of organization☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation**1987****M** State of legal domicile**DE****Part I Summary****1** Briefly describe the organization's mission or most significant activities:**SEE SCHEDULE O****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**4** Number of independent voting members of the governing body (Part VI, line 1b)**5** Total number of employees (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**b** Net unrelated business taxable income from Form 990-T, line 34

3	6
4	6
5	18
6	300
7a	
7b	0

8 Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **5,650,224****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20

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AUG 22 2011

KNOX, UT

Prior Year

13,721,043

Current Year

21,380,954**21,343****12,101****44,432****89,262****13,786,818****21,482,317****6,448,373****14,093,065****1,355,926****1,393,402****5,529,751****4,770,133****2,276,416****1,759,874****15,610,466****22,016,474****-1,823,648****-534,157**

Beginning of Current Year

3,662,504

End of Year

3,006,564**1,073,316****951,533****2,589,188****2,055,031****Part II Signature Block**Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date **8/15/2011**Type or print name and title **JAMES T. REYNOLDS, SR. President**Paid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or yours
if self-employed),
address, and ZIP + 4**INGRAM, OVERHOLT & BEAN, PC****428 MARILYN LANE****ALCOA, TN 37701**

Date

03/11/11Check if
self-
employed ☐Preparer's identifying number
(see instructions)
P01062154

EIN ▶

62-1651321

Phone

no ▶ **865-984-1040**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code.) (Expenses \$ **15,832,179** including grants of \$ **14,093,065**) (Revenue \$)
PATIENT & COMMUNITY SERVICES-FINANCIAL AND OTHER ASSISTANCE TO CANCER PATIENTS AND THEIR CAREGIVERS AS WELL AS COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES TO ILL AND NEEDY INDIVIDUALS.

4b (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► **15,832,179**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body
- b Enter the number of voting members that are independent
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
- 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a material diversion of the organization's assets?
- 6 Does the organization have members or stockholders?
- 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
- b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a The governing body?
- b Each committee with authority to act on behalf of the governing body?
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	6	
1b	6	
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 10a Does the organization have local chapters, branches, or affiliates?
- b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
- 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
- 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990
- 12a Does the organization have a written conflict of interest policy? If "No," go to line 13
- b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done
- 13 Does the organization have a written whistleblower policy?
- 14 Does the organization have a written document retention and destruction policy?
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a The organization's CEO, Executive Director, or top management official
- b Other officers or key employees of the organization
- If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- ☐ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **KYLE EFFLER**

2901 BREEZEWOOD LANE

KNOXVILLE

TN 37921-1099 865-938-5281

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

[illegible]

5

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 171,692				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 1,035,000				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 20,174,262				
	g Noncash contributions included in lines 1a-1f	\$ 13,181,041				
	h Total. Add lines 1a-1f		21,380,954			
Program Service Revenue	Busn. Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,101			12,101
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6a Gross Rents					
	b Less: rental exps					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a MAIL LIST RENTAL		47,535	47,535			
b MISCELLANEOUS		41,727	41,727			
c						
d All other revenue						
e Total. Add lines 11a-11d		89,262				
12 Total Revenue. See instructions		21,482,317	89,262	0	12,101	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,136,751	1,136,751		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,451,878	1,451,878		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	11,504,436	11,504,436		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	326,568	270,137	35,465	20,966
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	655,758	542,443	71,216	42,099
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	325,374	269,149	35,336	20,889
10 Payroll taxes	85,702	70,893	9,307	5,502
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	4,770,133			4,770,133
f Investment management fees				
g Other				
12 Advertising and promotion	36,158	19,887	6,328	9,943
13 Office expenses	190,939	26,245	10,374	154,320
14 Information technology				
15 Royalties				
16 Occupancy	21,380	11,759	3,742	5,879
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,959	29,677	9,443	14,839
20 Interest	29,226	16,074	5,115	8,037
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,818	38,400	12,218	19,200
23 Insurance	67,562	37,159	11,823	18,580
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a POSTAGE & SHIPPING	634,409	341,637	2,467	290,305
b OTHER PROFESSIONAL SVC	244,688	1,696	242,860	132
c DATA PROCESSING	106,368	5,067	1,612	99,689
d MAILING SERVICES	81,631			81,631
e LIST RENTALS	58,450			58,450
f All other expenses	165,286	58,891	76,765	29,630
25 Total functional expenses. Add lines 1 through 24f	22,016,474	15,832,179	534,071	5,650,224
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,972,327	1,739,113	493,204	740,010

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	238,010	1	374,062
	2 Savings and temporary cash investments	110,623	2	124,487
	3 Pledges and grants receivable, net	450,187	3	462,140
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	411,386	5	388,940
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	24,532	7	46,518
	8 Inventories for sale or use	1,646,966	8	857,790
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,068,263		
	b Less: accumulated depreciation	10b 605,094	10c	463,169
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	291,889	15	289,458
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,662,504	16	3,006,564	
Liabilities	17 Accounts payable and accrued expenses	680,025	17	533,358
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	393,291	23	418,175
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,073,316	26	951,533
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,589,188	27	2,055,031
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,589,188	33	2,055,031	
34 Total liabilities and net assets/fund balances	3,662,504	34	3,006,564	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	17,623,444	14,654,301	14,736,643	13,721,043	21,380,954	82,116,385
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	17,623,444	14,654,301	14,736,643	13,721,043	21,380,954	82,116,385
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						82,116,385

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	17,623,444	14,654,301	14,736,643	13,721,043	21,380,954	82,116,385
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,173	812	375	808	12,101	37,269
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	23,173	812	375	808	12,101	37,269
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	205,377	378,460	188,163	64,967	89,262	926,229
13 Total support. (Add lines 9, 10c, 11, and 12.)	17,851,994	15,033,573	14,925,181	13,786,818	21,482,317	83,079,883
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.84 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.71 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a** 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b** 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART III, LINE 12 - OTHER INCOME DETAIL

OTHER INCOME \$ 926,229

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

Employer identification number

CANCER FUND OF AMERICA, INC.**58-1766061****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

(ii) Assets included in Form 990, Part X ▶ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

b Assets included in Form 990, Part X ▶ \$ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,303		30,303
b Buildings		557,666	276,530	281,136
c Leasehold improvements				
d Equipment		232,929	200,228	32,701
e Other		247,365	128,336	119,029
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				463,169

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.[illegible]

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	---

(a) Description	(b) Book value
CSV OF LIFE INSURANCE	289,458
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	289,458

Part X	Other Liabilities. See Form 990, Part X, line 25.
---------------	--

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ **▶**

Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding**
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 8a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

CANCER FUND OF AMERICA, INC.

Employer identification number

58-1766061**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
 b ☐ Internet and email solicitations
 c ☒ Phone solicitations
 d ☒ In-person solicitations
 e ☐ Solicitation of non-government grants
 f ☒ Solicitation of government grants
 g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☒ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is
to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ASSOCIATED COMMUNITY SERVICES	TELEMARKET		X	2,763,823	2,284,224	479,599
INSIGHT TELESERVICES	TELEMARKET		X	915,054	786,947	128,107
VEHICLE DONATION PROCESSING CENTER	CAR AUCTION		X	776,719	654,516	122,203
COMMUNITY RELATIONS	TELEMARKET		X	385,626	327,807	57,819
BEE LC, INC.	TELEMARKET		X	372,358	288,179	84,179
ORGANIZATIONAL DEVELOPMENT	TELEMARKET		X	214,456	182,173	32,283
Total				5,428,036	4,523,846	904,190

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from
registration or licensing**ALL STATES**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	(total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.

- a** The organization's facility
- b** An outside facility

		Yes	No
13a	%		
13b	%		

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records.

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information.

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Name of the organization

CANCER FUND OF AMERICA, INC.

Employer identification number

58-1766061**Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II****Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐ **Yes** ☒ **No**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	ANGELIC MINISTRY 3-5-03 1218 N. CENTRAL KNOXVILLE TN 37917	78-0261316	3		144,482	FMV	MED SUPPLIES	
	RAY OF HOPE 515 E. BROAD ST. COOKEVILLE TN 38501		3		142,922	FMV	MED SUPPLIES	
	MERIZO CENTER 202 CHURCH STREET LYNCH KY 40855	31-1386471	3		133,047	FMV	MED SUPPLIES	
	BUCHANAN COMMUNITY 1513 DEEL FROK RD. GRUNDY VA 24614	02-0707139	3		70,146	FMV	MED SUPPLIES	
	SEASHA 4201 U.S. HIGHWAY 80 W. TUSKEGEE AL 36083	63-0571776	3		62,615	FMV	MED SUPPLIES	
	JUST FAMILY ADULT DAY CARE 517-B NORTH 15TH ST. MIDDLESBORO KY 40965	26-1673951	3		36,712	FMV	MED SUPPLIES	
	GREENE CO. HEALTH DEPT. 978 HULL ROAD SNOW HILL NC 28580	56-6000304	3		36,458	FMV	MED SUPPLIES	
	CANCER SERVICES OF ERIE CO. 505 E PERKINS AVE. SANDUSKY OH 44870	34-0877577	3		22,377	FMV	MED SUPPLIES	
	KY RIVER AREA DEV DIST 917 PERRY PARK RD. HAZARD KY 41701	61-0675786	3		20,219	FMV	MED SUPPLIES	

▶ 45

▶ 2

2 Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL ASSISTANCE	3050	3,600	1,448,278	FMV	MEDICAL SUPPLYS
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

**SCHEDULE I-1
(Form 990)**

 Department of the Treasury
Internal Revenue Service

Name of the organization

CANCER FUND OF AMERICA, INC.
Part I
Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

 ▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Employer identification number

58-1766061

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER CUMBERLAND DEV. DIST. 1225 S. WILLOW AVE. — — — — — COOKEVILLE TN 38506	62-0801436	3		18,365	FMV	MED SUPPLIES	
BROWN CANCER CENTER 529 S. JACKSON ST. — — — — — LOUISVILLE TN 40202	61-1293786	3		15,695	FMV	MED SUPPLIES	
GREEN RIVER HOSPICE 418 N. SCOTT ST. — — — — — MADISONVILLE KY 42431	61-0654587	3		15,145	FMV	MED SUPPLIES	
CANNON COUNTY SENIOR CENTER 609 LEHMAN ST. — — — — — WOODBURY TN 37190	62-1036864	3		13,251	FMV	MED SUPPLIES	
ST. MARY'S HOME HEALTH 4127 E. EMORY RD. — — — — — POWELL TN 37938	62-0480068	3		11,850	FMV	MED SUPPLIES	
NELIC-BIRMINGHAM 613 OLD CAHABA DR. — — — — — HELENA AL 35080	61-1476370			11,160	FMV	MED SUPPLIES	
HOSPICE OF LIMESTONE COUNTY 405 S. MARION ST. — — — — — ATHENS AL 35611	57-0889541	3		10,909	FMV	MED SUPPLIES	
JPS CENTER FOR CANCER 601 W. TERRELL AVE — — — — — FT. WORTH TX 76104	75-6000439	3		9,942	FMV	MED SUPPLIES	
CVDHD HOSPICE HWY 421 SOUTH — — — — — MANCHESTER KY 40962	61-1013432	3		9,941	FMV	MED SUPPLIES	
BLUE-GRAY COMMUNITY HOSPICE 815 S. MAIN ST. — — — — — FITZGERALD GA 31750	58-1157005	3		9,893	FMV	MED SUPPLIES	
COVENANT HOSPICE OF PENSACOLA 2001 N. PALAFOX ST. — — — — — PENSACOLA FL 32501	85-8014954	3		9,608	FMV	MED SUPPLIES	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)

2009

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**SCHEDULE I-1
(Form 990)**

 Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

 ▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

 Open to Public
Inspection

Name of the organization

 Employer identification number
58-1766061
CANCER FUND OF AMERICA, INC.
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESOURCE CENTER, INC. 280 ZIEGLER RD. — — — — — BLOOMINGDALE GA 31302	58-2079877	3		9,594	FMV	MED SUPPLIES	
FRIENDS OF FAMILY 243 GREEN ST. — — — — — WILLIAMSTON NC 27892		3		8,560	FMV	MED SUPPLIES	
VICTORY ANGEL FOUNDATION 705 WEST MAIN — — — — — TISHOMINGO OK 73460	56-2481816	3		8,508	FMV	MED SUPPLIES	
HOSPICE OF MORROW CO. 228 SOUTH ST. — — — — — MT GILEAD OH 43338	34-1676119	3		8,488	FMV	MED SUPPLIES	
FRANCES WARDE HEALTH SVC. 9526 ROMANS HWY — — — — — ROSSMAN NC 28772	56-1418079	3		8,117	FMV	MED SUPPLIES	
HOSPICE OF NORTHWEST ALABAMA 1315 US HWY 43 — — — — — WINFIELD AL 35594	63-1084049	3		8,043	FMV	MED SUPPLIES	
ANGELIC HOSPICE 527 HW PARK AVE. — — — — — GREENWOOD MS 38930	94-3456396	3		8,002	FMV	MED SUPPLIES	
GUTHRIE HOSPICE RR #1 BOX 154 — — — — — TOWANDA PA 18848	23-2394345	3		7,861	FMV	MED SUPPLIES	
CLARION FOREST VNA HOSPICE 305 N MAIN ST. — — — — — KNOX PA 16232	25-1520283	3		7,749	FMV	MED SUPPLIES	
HOSPICE OF SCOTLAND COUNTY 610 LAUCHWOOD DR. — — — — — LAURINBURG NC 28352	56-1468269	3		7,724	FMV	MED SUPPLIES	
COMMUNITY MERCY HOSPICE 1343 N FOUNTAIN BLVD — — — — — SPRINGFIELD OH 45504	31-0785684	3		7,647	FMV	MED SUPPLIES	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

CANCER FUND OF AMERICA, INC.
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

 ▶ Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

 Employer identification number
58-1766061

 OMB No. 1545-0047
2009
 Open to Public
 Inspection

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF GREEN COUNTY 2121 S COLUMBIA AVE. -- -- -- -- TULSA OK 74114	73-1261742	3		7,638	FMV	MED SUPPLIES	
SCADC TRIPLE A 5900 CARMICHAEL PLACE -- -- -- -- MONTGOMERY AL 36117		3		7,478	FMV	MED SUPPLIES	
NOCONA PRIMARY HOME CARE 507 CROXTON -- -- -- -- NOCONA TX 76255	75-1368648			6,945	FMV	MED SUPPLIES	
HOSPICE OF CUMBERLAND CO. 30 E. ADAMS ST. -- -- -- -- CROSSVILLE TN 38555	58-1763502	3		6,832	FMV	MED SUPPLIES	
MARTIN COUNTY HEALTH DEPT. 210 W LIBERTY ST. -- -- -- -- WILLIAMSTON NC 27892	56-1066387	3		6,755	FMV	MED SUPPLIES	
HEALTH FIRST FAMILY CARE CENTER 22 STRAFFORD ST. -- -- -- -- LACONIA NH 03246	02-0492976	3		6,502	FMV	MED SUPPLIES	
NEW ERA HOSPICE 8869 CENTRE ST. -- -- -- -- SOUTH HAVEN MS 38671		3		6,390	FMV	MED SUPPLIES	
HOSPICE OF SOUTH TEXAS 605 EAST LOCUST -- -- -- -- VICTORIA TX 77901	74-2368758	3		6,205	FMV	MED SUPPLIES	
VICTORY ANGEL FOUNDATION 601 NORTH HWY 70 EAST -- -- -- -- KINGSTON OK 73439	56-2481816	3		6,102	FMV	MED SUPPLIES	
DAVIDSON CO. CANCER SVCS. 25 W 6TH AVE. -- -- -- -- LEXINGTON NC 27292	56-1974878	3		5,778	FMV	MED SUPPLIES	
S.C.H.A.S. 829 TORRETT DR. -- -- -- -- NEW TAZEWELL TX 37825	62-0809589	3		5,668	FMV	MED SUPPLIES	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

[illegible]

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009**Open To Public
Inspection**

Name of the organization

CANCER FUND OF AMERICA, INC.

Employer identification number

58-1766061**Part I Questions Regarding Compensation**

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
2		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		<input checked="" type="checkbox"/>
4a		<input checked="" type="checkbox"/>
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
c Participate in, or receive payment from, an equity-based compensation arrangement?		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
b Any related organization?		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
b Any related organization?		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		
9		

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE L
(Form 990 or 990-EZ)**Transactions With Interested Persons**

▶ Complete if the organization answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 28, 27, 28a, 28b, or 28c,
 or Form 990-EZ, Part V, line 38a or 40b.
 ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009Open To Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

CANCER FUND OF AMERICA, INC.

Employer identification number

58-1766061**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
JAMES T. REYNOLDS INTEREST IN LIFE INSURANCE POLICY		X	251,000	234,271		X	X		X	
ROSE PERKINS INTEREST IN LIFE INSURANCE POLICY		X	166,000	154,669		X	X		X	
Total				▶ \$ 388,940						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No 1545-0047

2009**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service▶ Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization

CANCER FUND OF AMERICA, INC.

Employer identification number

58-1766061**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	5	13,181,041	FMV PROVIDED BY DONORS
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part IV, Donee Acknowledgement**29**30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that
it must hold for at least three years from the date of the initial contribution, and which is not required to be
used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard
contributions?32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31		X
32a		X

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection**CANCER FUND OF AMERICA, INC.**Employer identification number
58-1766061**AMENDED RETURN EXPLANATION****PART IX**

LINE 1-GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE U.S. INCLUDES NON-CASH ASSISTANCE FOR INDIVIDUALS.

LINE 2-GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE U.S.-ONLY CASH PAYMENTS WERE INCLUDED ON THIS LINE.

NON-CASH ASSISTANCE GIVEN TO INDIVIDUALS WAS RECLASSIFIED FROM LINE 1 TO LINE 2.

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES TO PROVIDE DIRECT FINANCIAL AID AND OTHER SUPPORT AND SERVICES TO FINANCIALLY INDIGENT CANCER PATIENTS; TO DISSEMINATE INFORMATION CONCERNING THE EARLY DETECTION AND PREVENTION OF CANCER; TO PROVIDE GRANTS AND GIFTS IN KIND TO HOSPICES, OTHER HEALTH CARE PROVIDERS, AND TO VARIOUS NON-PROFIT COMMUNITY SERVICE ORGANIZATIONS WHICH AID THE ILL, NEEDY AND INFANTS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE 990 IS MAILED TO EACH MEMBER OF THE GOVERNING BOARD ALONG WITH A LETTER OF RECEIPT. EACH MEMBER SIGNS THE LETTER INDICATING THEY RECEIVED AND REVIEWED THE 990, AND RETURNS IT TO THE ORGANIZATION TO BE KEPT ON FILE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ANNUAL REVIEW BY BOARD

Name of the organization

CANCER FUND OF AMERICA, INC.

Employer identification number

58-1766061

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
TOWERS PERRIN, A GLOBAL PROFESSIONAL SERVICES FIRM, REVIEWS EVERY 3 YEARS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
TOWERS PERRIN, A GLOBAL PROFESSIONAL SERVICES FIRM, REVIEWS EVERY 3 YEARS.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED
MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI,
NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA,
NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND,
SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA,
WISCONSIN

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC BY
REVIEW IN THE NATIONAL OFFICE OR BY REQUEST IN THE MAIL.

Forms
990 / 990-PF**Receivables Due from Officers, Directors,
Trustees, and Key Employees****2009**

For calendar year 2009, or tax year beginning , and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.**58-1766061****FORM 990, PART X, LINE 5 - ADDITIONAL INFORMATION**

Name of borrower	Title
(1) JAMES T. REYNOLDS	PRESIDENT
(2) ROSE PERKINS	FORMER VICE-PRESIDENT
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	251,000	09/01/08	09/01/23	\$1,709.32 PER MONTH	2.800
(2)	166,000	09/01/08	09/01/23	\$1,130.47 PER MONTH	2.800
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Security provided by borrower	Purpose of loan
(1) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(2) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) NONE	247,621	234,271	
(2) NONE	163,765	154,669	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	411,386	388,940	

Forms
990 / 990-PF**Other Notes and Loans Receivable****2009**

For calendar year 2009, or tax year beginning

, and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.**58-1766061****FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION**

Name of borrower	Relationship to disqualified person
(1) EMPLOYEE RECEIVABLES	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	24,532	46,518	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	24,532	46,518	

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2009**

For calendar year 2009, or tax year beginning

, and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.**58-1766061****FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) FIRST TENNESSEE BANK	NONE
(2) FIRST TENNESSEE BANK	NONE
(3) JEFFERSON PILOT	NONE
(4) FIRST TENNESSEE BANK	NONE
(5) FIRST TENNESSEE BANK	
(6) FIRST TENNESSEE BANK	NONE
(7) FIRST TENNESSEE	NONE
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 170,000	09/05/07	09/05/17	\$2,002 PER MONTH	7.210
(2) 401,500	05/08/02	01/05/09	\$7,875 PER MONTH	6.250
(3) 150,000	03/08/06		\$1,700 PER MONTH	8.000
(4) 20,000	06/19/08	06/19/12	\$1,000 PER MONTH	5.000
(5) 19,000	06/27/08	06/27/11	\$577 PER MONTH	5.750
(6) 15,000	09/15/08	09/15/13	\$301 PER MONTH	7.490
(7) 239,943	11/02/09	11/02/14	\$3,500 PER MONTH	6.290
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) REAL PROPERTY	OPERATING CAPITAL
(2) REAL PROPERTY	MORTGAGE
(3) CSV KEY MAN POLICY	OPERATING CAPITAL
(4) REAL PROPERTY	OPERATING CAPITAL
(5) 2006 CHRYSLER 300M	AUTOMOBILE LOAN
(6) 2008 DODGE RAM 1500	AUTOMOBILE LOAN
(7) REAL PROPERTY	OPERATING CAPITAL
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) NONE	153,047	
(2) NONE	7,901	
(3) NONE	187,500	162,671
(4) NONE	14,404	
(5) NONE	16,065	9,886
(6) NONE	14,374	10,732
(7) NONE		234,886
(8)		
(9)		
(10)		
Totals	393,291	418,175

Form

4562Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**

▶ See separate Instructions.

▶ Attach to your tax return.

Name(s) shown on return

CANCER FUND OF AMERICA, INC.

Identifying number

58-1766061

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	70,016

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	70,016
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate Instructions.

Form **4562** (2009)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

581766061 CANCER FUND OF AMERICA, INC.

58-1766061

Federal Statements

FYE: 12/31/2009

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
INTEREST INCOME	\$ 12,101		14		
TOTAL	<u>\$ 12,101</u>				

581766061 CANCER FUND OF AMERICA, INC.

58-1766061

FYE: 12/31/2009

Federal Statements**Form 990, Part IX, Line 24f - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELEPHONE	\$ 45,176	\$ 25,027	\$ 7,836	\$ 12,313
SERVICE CHARGES	40,867		40,867	
DEBT FORGIVENESS	33,996	18,698	5,949	9,349
REPAIRS AND MAINTENANCE	24,766	13,621	4,334	6,811
MISCELLANEOUS	18,540	359	17,617	564
DUES AND SUBSCRIPTIONS	1,941	1,186	162	593
TOTAL	\$ 165,286	\$ 58,891	\$ 76,765	\$ 29,630